

REQUEST FOR DISCLOSURE OF DSHS RECORDS

REFERENCE NUMBER
THE ENERGE HOMBER
TELEPHONE NUMBER (INCLUDE AREA CODE)
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or boile				
PERSON REQUESTING RECORDS	DATE	TELEPHONE NUMBER (INCLUDE AREA CODE)		
		()		
ORGANIZATION	-	FAX AND EMA IL ADDRESS		
MAILING ADDRESS	CITY	STATE ZIP CODE		
DESCRIPTION OF RECORDS REQUESTED				
DEGONI TION OF REGONDO REGOLOTED				
I wish to inspect the requested records at the Department of Social and Health Services (DSHS) at:				
NAME OF DSHS OFFICE	LOCATION OF I	DSHS OFFICE		
NAME OF DONG OFFICE	LOCATION OF I	Dana Office		
I wish to have you mail the records to me and I und	I wish to have you mail the records to me and I understand that a fee must be paid (pursuant to WAC 388-320-140).			
understand that I may be required to provide positive identification for disclosure of personal information.				
Further, I understand that I may be required to obtain a signed release from the person concerned if the				
information is contained in records other than my own.				
I certify that any record DSHS discloses to me will not be used for commercial purposes.				
Signature of requestors		Date		
Signature of requester:		Date:		
		_		
Date request received: Received by	y:	At office:		